

FILED MAR 5 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

5401

State File No.

BIRTH NO. REG. DIST. NO. 175 PRIMARY REG. DIST. NO. 5649 Registrar's No. 16

1. PLACE OF DEATH a. COUNTY <u>Lawrence</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Lawrence</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Preece township</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Preece township</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>3 miles 3/4 south west of Preece</u>		d. STREET ADDRESS (If rural, give location) <u>3 3/4 miles south west of Preece</u>	
3. NAME OF DECEASED (Type or Print)	a. (First) <u>LAURA</u>	b. (Middle) <u>BELLE</u>	c. (Last) <u>BROWN</u>
4. DATE OF DEATH	Month (Day) (Year) <u>Feb 2 1949</u>		
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Feb 18 - 1871</u>
9. AGE (In years last birthday) <u>77</u>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>house wife</u>	11. BIRTHPLACE (State or foreign country) <u>Mo Newton County</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>John W. Channington</u>	13b. MOTHER'S MAIDEN NAME <u>Margaret Green</u>	14. NAME OF HUSBAND OR WIFE <u>Donald S. Brown</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>William C. Brown</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hypertensive Cardiovascular disease</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>4421</u>	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>Feb 20, 1947</u> , to <u>Feb 2, 1949</u> , that I last saw the deceased alive on <u>Feb 1, 1949</u> , and that death occurred at <u>1:45 A. m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>P. L. Edwards</u>	(Degree or title) <u>M.D.</u>	23b. ADDRESS <u>Pierson City, Mo</u>	23c. DATE SIGNED <u>Feb 5 - 49</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Feb 4, 1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>C.P. Church Cem.</u>	24d. LOCATION (City, town, or county) (State) <u>Baruch in Newton County Mo</u>
DATE REC'D BY LOCAL REG. <u>Feb 4 - 49</u>	REGISTRAR'S SIGNATURE <u>Ora Mc Natt</u>	157	25. FUNERAL DIRECTOR'S SIGNATURE <u>Wilma Bros</u>
ADDRESS <u>Pierson City Mo</u>			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

District Health Officer No. 6,

District File Number 349-217

Date Filed 3-3-49

MAR 7 1949

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, ~~by~~

Edwin P. Wilks

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

Edwin P. Wilks

Licensed Embalmer No. 4131

P. O. Address Price City Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.